

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4	/					
5		/				
6						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	15					

SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____	
CLAIMS	
IND	DEP
51	
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100	
TOTAL IND.	
TOTAL DEP.	
TOTAL CLAIMS	